

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10/049, 887

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10	1					
11		2				
12		1				
13		1				
14		1				
15	1					
16	1					
17		1				
18		1				
19		1				
20		1				
21		2				
22		2				
23		2				
24	1					
25		2				
26		1				
27		1				
28		1				
29	1					
30		1				
31		1				
32		1				
33		2				
34		2				
35		2				
36		2				
37		2				
38		2				
39			1			
40			1			
41				1		
42				1		
43				1		
44			1			
45			1			
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	7		8			
TOTAL DEP.	46		41			
TOTAL CLAIMS	53		49			

51			1			
52			1			
53				1		
54				1		
55				1		
56				1		
57				1		
58			1			
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						